



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

10/01/2008

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NYD085158632

INSTALLATION NAME: POTSDAM SPECIALTY PAPER INC

INSTALLATION ADDRESS : 547A SISSONVILLE RD
POTSDAM, NY 13676


MAILING ADDRESS : 547A SISSONVILLE RD
POTSDAM, NY 13676

EPA Form 8700-12AB (4-80)

USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-4437

TO: POTSDAM SPECIALTY PAPER INC
or Current Occupant
ATTN: JOEL BEHM
547A SISSONVILLE RD
POTSDAM, NY, 13676

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal (See instructions on page 13.) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report		
2. Site EPA ID Number (page 14)	EPA ID Number <u>N Y D 11 0 8 5 1 1 5 8 1 6 3 2</u>		
3. Site Name (page 14)	Name: <u>Potsdam Specialty Paper Inc.</u>		
4. Site Location Information (page 14)	Street Address: <u>547A Sissonville Road</u>		
	City, Town, or Village: <u>Potsdam</u>	State: <u>New York</u>	
	County Name: <u>St. Lawrence</u>	Zip Code: <u>13676</u>	
5. Site Land Type (page 14)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)	A. <u>3 2 2 1 2 1</u>	B. <u> </u>	
	C. <u> </u>	D. <u> </u>	
7. Site Mailing Address (page 15)	Street or P. O. Box: <u>547A Sissonville Road</u>		
	City, Town, or Village: <u>Potsdam</u>		
	State: <u>New York</u>		
	Country: <u>U.S.A.</u>	Zip Code: <u>13676</u>	
8. Site Contact Person (page 15)	First Name: <u>Joel</u>	MI: <u>P.</u>	Last Name: <u>Behm</u>
	Phone Number: <u>(315) 267-5611</u> Extension:		Email address: <u>joel.behm@pspi.us.com</u>
9. Operator and Legal Owner of the Site (pages 15 and 16)	A. Name of Site's Operator: <u>Potsdam Specialty Paper Inc.</u>		Date Became Operator (mm/dd/yyyy): <u>09/01/2008</u>
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Legal Owner: <u>Potsdam Specialty Paper Inc.</u>		Date Became Owner (mm/dd/yyyy): <u>09/01/2008</u>
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

EPA ID NO: NYD085158632

OMB#: 2050-0028 Expires 06/30/2009

9. Legal Owner (Continued) Address	Street or P. O. Box: 547A Sissonville Road	
	City, Town, or Village: Potsdam	
	State: New York	
	Country: U.S.A.	Zip Code: 13676

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

Y ☒ N ☐ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.)
of non-acute hazardous waste; or☒ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)
of non-acute hazardous waste; or☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.)
of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☒ d. United States Importer of Hazardous WasteY ☐ N ☒ e. Mixed Waste (hazardous and radioactive) GeneratorY ☐ N ☒ 2. Transporter of Hazardous WasteY ☐ N ☒ 3. Treater, Storer, or Disposer of
Hazardous Waste (at your site) Note: A
hazardous waste permit is required for this
activity.Y ☐ N ☒ 4. Recycler of Hazardous Waste (at your
site)Y ☐ N ☒ 5. Exempt Boiler and/or Industrial Furnace
If "Yes", mark each that applies.

- ☐ a. Small Quantity On-site Burner
Exemption
- ☐ b. Smelting, Melting, and Refining

Y ☐ N ☒ 6. Underground Injection Control

B. Universal Waste Activities

Y ☐ N ☒ 1. Large Quantity Handler of Universal Waste (accumulate
5,000 kg or more) [refer to your State regulations to
determine what is regulated]. Indicate types of universal
mark all boxes that apply:

Manage

- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) _____ ☐
- f. Other (specify) _____ ☐
- g. Other (specify) _____ ☐

Y ☐ N ☒ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

Y ☐ N ☒ 1. Used Oil Transporter
If "Yes", mark each that applies.

- ☐ a. Transporter
- ☐ b. Transfer Facility

Y ☐ N ☒ 2. Used Oil Processor and/or Re-refiner
If "Yes", mark each that applies.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☒ 3. Off-Specification Used Oil BurnerY ☐ N ☒ 4. Used Oil Fuel Marketer

If "Yes", mark each that applies.

- ☐ a. Marketer Who Directs Shipment of
Off-Specification Used Oil to
Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the
Used Oil Meets the Specifications

EPA ID NO: NYD 085 158 632

OMB#: 2050-0028 Expires 06/30/2009

11. Description of Hazardous Wastes (See instructions on page 21.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D039						

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. Comments (See instructions on page 21.)

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
Joel P. Behm	Joel P. Behm Technical Manager	09/02/2008



Potsdam Specialty Paper, Inc.
547A Sissonville Road
Potsdam, New York 13676

WEB www.pspi.us.com
PHONE 315.265.4000
FAX 315.265.4004

2008 SEP -4 PM 3:00

September 2, 2008

CERTIFIED MAIL

U.S. EPA Region 2
Division of Environmental Planning and Protection
RCRA Programs Branch, 22nd Floor
290 Broadway
New York, New York 10007-1866

RE: Transfer of Ownership
EPA ID Number: NYD085158632


Dear Sir or Madam:

MeadWestvaco Corporation has sold our facility (formally known as MW Custom Papers, LLC – Potsdam Mill) to Potsdam Specialty Paper Inc. The transfer of ownership is effective September 1, 2008.

Enclosed is a completed Notification of Regulated Waste Activity form in relation to the change of ownership.

Thank you for your attention to this matter. If you have any questions or require any additional information, please call me at (315) 267-5611.

Sincerely,


Joel P. Behm
Technical Manager

Enclosures



**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

10/15/2003

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	→	NYD085158632
INSTALLATION NAME	→	M W CUSTOM PAPERS LLC - POTSDAM
INSTALLATION ADDRESS	→	547A SISSONVILLE RD POTSDAM, NY 13676
MAILING ADDRESS	→	547A SISSONVILLE RD POTSDAM, NY 13676

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-3056**

**TO: M W CUSTOM PAPERS LLC - POTSDAM
or Current Occupant
ATTN: JOEL BEHM
547A SISSONVILLE RD
POTSDAM, NY, 13676**

Line instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

ENVIRONMENTAL PROTECTION AGENCY
Date Received (For Official Use Only)
2003 OCT -8 PM 4:50

Name change

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. Initial Notification

☒ B. Subsequent Notification (Complete item C)

C. Installation's EPA ID Number

NY D1018151151816132

II. Name of Installation (Include company and specific site name)

MIWI ICINISTIONI IPAPIERISI ILIC-PIOTTSIDAM

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

547A SIISSONVILLE ROAD

Street (Continued)

City or Town

PIOTTSIDAM

State

Zip Code

NY 13676-

County Code

County Name

S+ LAWRENCE

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

SAME

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

BEHM

(First)

JOEL

Job Title

TECHNICAL MGR

Phone Number (Area Code and Number)

Extension

315-2651-4000 5611

VI. Installation Contact Address (See instructions)

Fax Number

2651-4004

A. Contact Address Location

Mailing

☒

E. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

MEADWESTVACO CORPORATION

Street, P.O. Box, or Route Number

ONE HIGH RIDGE PARK

City or Town

SITAMFORD

State

Zip Code

CT 0691051-

Phone Number (Area Code and Number)

203-4611-7400

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes ☒

No ☐

Date Changed Month Day Year

01 01 2003

PLEASE REPLY TO: Jack Hoyt, USEPA-DEPP-RPB, 290 Broadway, 22nd Flr., New York, NY 10007-1866 Phone: (212)637-4106

Address Verified

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

A. Hazardous Waste Activity

1. Generator (See instructions)
☐ a. Greater than 1000kg/mo (2,200 lbs.)
☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.

4. Hazardous Waste Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Deferral
☐ 2. Small Quantity Exemption
Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Use Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
☐ a. Transporter
☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
☐ a. Process
☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic ☐

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1 D039	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions)

1	2	3	4	5	6
---	---	---	---	---	---

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Joel P. Behm

Name and Official Title (Type or print)

Joel P. Behm Technical Manager

Date Signed

10/2/03

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

MeadWestvaco Corporation
547a Sissonville Road
Potsdam, NY 13676

Specialty Paper Division
tel 315 265 4000
fax 315 265 4004

ENVIRONMENTAL PROTECTION
AGENCY REGION II

2003 OCT -8 PM 4:50

RCRA PROGRAMS
BRANCH

MeadWestvaco

October 2, 2003

Mr. Jack Hoyt
USEPA-DEPP-RPB
290 Broadway, 22nd Floor
New York, New York 10007-1866

RE: Facility Name Change
EPA ID Number: NYD085158632


Dear Mr. Hoyt:

As you requested in relation to my letter dated September 22, 2003, please find enclosed a Notification of Regulated Waste Activity form for our facility.

As indicated in the letter, The Mead Corporation and Westvaco Corporation merged forming MeadWestvaco Corporation with its corporate office in Stamford, Connecticut. Subsequently, a new legal entity was formed and our facility will now be known as MW Custom Papers, LLC – Potsdam Mill.

Thank you for your attention to this matter. If you have any further questions, please call me at (315) 267-5611.

Sincerely,


Joel P. Behm
Technical Manager

Enclosure

PAD

delete TSD ind
C303-1

MAY 27 1983

Mr. Darryl F. Caputo
Production Assistant
Potsdam Paper Corporation
Potsdam, New York 13676

Dear Mr. Caputo:

I have been asked to respond to your letter of May 17, 1983 to Conrad Simon, concerning the status of the above facility (EPA I.D. Number NYD085158632).

When you notified the U.S. Environmental Protection Agency (EPA) of your hazardous waste activities in May 1982, it was indicated on the form that Potsdam Paper Corporation was a treater/storer/disposer (TSD) of hazardous wastes. Although you identified this "waste" as heating oil, the facility was entered into our data bank as being a TSD. As a result, our records indicated that no Part A permit application was received.

Heating oil, of course, is not a waste, per se. Under the Federal law, waste oils are not regulated as hazardous wastes unless a sample of it is determined to be toxic. In the absence of such evidence in your case, we will correct our data base to remove your facility from our TSD lists.

Please be advised that waste oils are regulated as hazardous wastes by New York State. Therefore, I suggest that you contact John Kenna, Regional Solid Waste Engineer, New York State Department of Environmental Conservation Region 6, in Watertown, at 782-0100 to determine where you stand under State law.

Sincerely yours,

Ernest A. Regna
Chief
Solid Waste Branch

cc: Mr. John Kenna
NYSDEC, Region 6

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

Microfiche

FOR OFFICIAL USE ONLY

COMMENTS

C NO CODES X002 HEATING OIL

INSTALLATION'S EPA I.D. NUMBER										APPROVED	DATE RECEIVED (yr., mo., & day)										
S	F	N	Y	D	0	8	5	1	5	8	6	3	2	1	A	8	2	0	5	1	3
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22

I. NAME OF INSTALLATION

POTSDAM PAPER CORPORATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

C ROUTE 4

CITY OR TOWN

C POTSDAM

ST.

NY

ZIP CODE

13676

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

C UNIONVILLE ROAD

CITY OR TOWN

C POTSDAM

ST.

NY

ZIP CODE

13676

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

C COLLINS WILLIAMS MILL MANAGER

PHONE NO. (area code & no.)

315-265-4000

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

C WILBUR KRUEGER

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☐ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

CONTINUE ON REVERSE

I.D. - FOR OFFICIAL USE ONLY															
S														T/A	C
W														1	
1	2											13	14	15	

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

NA	1	2	3	4	5	6
	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
	7	8	9	10	11	12
	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

NA	13	14	15	16	17	18
	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
	19	20	21	22	23	24
	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	
25	26	27	28	29	30	
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

NA	31	32	33	34	35	36
	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
	37	38	39	40	41	42
	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	
43	44	45	46	47	48	
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

NA	49	50	51	52	53	54
	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

William Collins

NAME & OFFICIAL TITLE (type or print)

William Collins, Mill Manager

DATE SIGNED

5/4/82

X-002 heating oil



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

01/26/98

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYD085158632

FACILITY NAME -> LITTLE RAPIDS CORP POTSDAM

MAILING ADDRESS -> 547A SISSONVILLE RD
POTSDAM, NY 13676

INSTALLATION ADDRESS -> 547A SISSONVILLE RD
POTSDAM, NY 13676

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
290 BROADWAY
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL.
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: BEHM, JOEL
TECHNICAL MGR
LITTLE RAPIDS CORP POTSDAM
547A SISSONVILLE RD
POTSDAM, NY 13676

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

U.S. EPA
AGENCY RO

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

NYD085158632

II. Name of Installation (Include company and specific site name)

LITTLE RAPIDS CORP-POTSDAM

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

547A SISSONVILLE ROAD

Street (continued)

City or Town

POTSDAM

State

ZIP Code

NY 13676-

County Code

County Name

0895+ LAWRENCE

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

BEHM

(first)

JOEL

Job Title

TECHNICAL MANAGER

Phone Number (area code and number)

315-265-4000

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing

☒

B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

LITTLE RAPIDS CORPORATION

Street, P.O. Box, or Route Number

City or Town

GREEN BAY

State

ZIP Code

WI

Phone Number (area code and number)

920-496-3040

B. Land Type

C. Owner Type

D. Change of Owner
Indicator

(Date Changed)
Month Day Year

P

P

Yes

No

X

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) -
Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) -
Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer
(or On-site Burner) Who First Claims
the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. EP Toxic (D000) ☐
- (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
-

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Joel P. Behm

Name and Official Title (type or print)

Joel P. Behm Technical Manager

Date Signed

1/2/98

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

07/06/98

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->

NYD085158632

FACILITY NAME ->

MEAD SPECIALTY PAPER - POTSDAM

MAILING ADDRESS ->

547A SISSONVILLE RD
POTSDAM, NY 13676

INSTALLATION ADDRESS ->

547A SISSONVILLE RD
POTSDAM, NY 13676

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 2
290 BROADWAY
NEW YORK, NEW YORK 10007-1866

ATTN: DIV OF ENVIRON PLANNING & PROTECTION
RCRA PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: BEHM, JOEL
TECHNICAL MGR
MEAD SPECIALTY PAPER - POTSDAM
547A SISSONVILLE RD
POTSDAM, NY 13676

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)HAZARDOUS & SOLID WASTE
PROGRAMS BRANCH

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. Initial Notification

☒B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

NYD085158632

II. Name of Installation (Include company and specific site name)

MEAD SPECIALTY PAPER-POTSDAM

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

547A SISSONVILLE ROAD

Street (Continued)

City or Town

POTSDAM

State

Zip Code

NY

13676-

County Code

County Name

St LAWRENCE

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

BEHM

(First)

JOEL

Job Title

TECHNICAL MANAGER

Phone Number (Area Code and Number)

315-265-4000

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing☒

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

THE MEAD CORPORATION

Street, P.O. Box, or Route Number

COURTHOUSE PLAZA, NORTHEAST

City or Town

DAYTON

State

Zip Code

OH

45463-

Phone Number (Area Code and Number)

937-495-6323

B. Land Type

P

C. Owner Type

P

D. Change of Owner
Indicator

Yes

X

No

(Date Changed)
Month Day Year

04 14 98

98 JUN 29 PM 2:38

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify _____
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter/Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) ☐
- ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	8	9	10	11	12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Joel P. Behm

Name and Official Title (Type or print)

Joel P. Behm Technical Manager

Date Signed

6/25/98

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



Specialty Paper Division

547A Sissonville Road
Potsdam, New York 13676
315-265-4000
Fax: 315-265-4004

June 25, 1998

U.S. EPA
AGENCY RO II
98 JUN 29 PM 2:38
HAZARDOUS & SOLID WASTE
PROGRAMS BRANCH

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

U. S. Environmental Protection Agency
Region II
Air and Waste Management Division
Attn: RCRA Notifications
290 Broadway, 21st Floor
New York, NY 10007-1866

Re: Change of Ownership
Little Rapids Corporation to The Mead Corporation

Dear Sir or Madam:

This is to advise that on April 14, 1998, Little Rapids Corporation transferred its ownership of the Potsdam Paper Mills facility, located in Potsdam, New York, to The Mead Corporation. We enclose a completed and signed EPA Form 8700-12, "Notification of Regulated Waste Activity," indicating this change in ownership of the facility. Potsdam Paper Mills' EPA Id number is NYD085158632. Please update your file to indicate The Mead Corporation's ownership of this facility.

If you have any questions, please contact me at (315) 265-4000.

Sincerely,

THE MEAD CORPORATION
Specialty Paper Division – Potsdam Mill

By:

Joel P. Behm
Technical Manager

JPB/rk

Enclosure

cc: New York State Department of Environmental Conservation (w/copy of enclosure)